

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/099,720	FILING DATE 10/5/02	
CLAIMS							* IND. DEP. IND. DEP. IND. DEP.		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	13	→	→	→	→	→	TOTAL DEP.	→	→
TOTAL CLAIMS	17						TOTAL CLAIMS		